

2003-2004 NASDSE Series

Achieving Better Results through Policy and Practice

School-Based Mental Health

Wednesday, May 5, 2004 1:00pm – 3:00 pm (ET)

The challenges of the 21st century demand collaboration across groups to assure both achievement and well being for America's children and youth. Public mental health and education agencies, schools and family organizations must work together to meet the positive social, emotional and educational needs of every child. Schools need a broad range of services to build a supportive school environment. This conference will address the shared opportunity education and mental health agencies have in working with parents to make collaboration a reality. Presenters will share research and suggested practices to consider, as well as the successful experiences of a state team, which will relate how they became a community of practice around education and mental health.

Presenters:

Mike Armstrong

*Director, Office for Exceptional Children
Ohio Department of Education*

Terre Garner

Executive Director, Ohio Federation for Children's Mental Health

Kay Reitz

*Assistant Deputy Director, Office of Children's Services and Prevention
Ohio Department of Mental Health*

Moderator:

Dr. Bill East

Executive Director, NASDSE



TECHNICAL INFORMATION

“School Based Mental Health”

Wednesday, May 5, 2004

TIME: 1:00 p.m. – 3:00 p.m. EDT
12:00 p.m. – 2:00 p.m. CDT
11:00 a.m. – 1:00 p.m. MDT
10:00 a.m. – 12:00 p.m. PDT

TEST TIME: 12:30 p.m. – 1:00 p.m. EDT
11:30 a.m. – 12:00 p.m. CDT
10:30 a.m. – 11:00 p.m. MDT
9:30 a.m. – 10:00 a.m. PDT

SATELLITE: TELSTAR - 6

BAND: C-BAND

TRANSPONDER: 17

CHANNEL: 17

POLARITY: VERTICAL

AUDIO: 6.2 / 6.8 MHz

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FREQUENCY: 4040 MHz


TECHNICAL TROUBLE NUMBER (Day of the program only)

Pittsburgh International Teleport (TV Operations Center) 1-800-634-6530

If you should have additional questions, you may contact Matt Boyle by email at matt@nasdse.org

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Enhancing Collaborations to Promote
a Mental Health—Schools—Families
Shared Agenda: Ohio's Experience




Mike Armstrong, Ohio Department of Education (Columbus)
Tara Black, Student (Columbus)
Tracy Black, Parent (Columbus)
Terry Garner, Ohio Federation for Children's Mental Health (Cincinnati)
Pam Golley, Greene County Educational Service Center (Yellow Springs)
Carl E. Paternite, Center for School-Based Mental Health Programs (Miami U., Oxford)
Beth Powers, Teacher (Lugan)
Kay Riets, Ohio Department of Mental Health (Columbus)

NAMDSE Satellite Teleconference
School-Based Mental Health
Pittsburgh, PA
May 5, 2004

Slide 2

Enhancing Collaborations to Promote
a Mental Health—Schools—Families
Shared Agenda: Ohio's Experience




Listening to Family, Service Provider, and
Teacher Perspectives

Ohio Shared Agenda Network for School Success
www.ohiosharedagenda.org

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Infrastructure for Ohio's Shared
Agenda Initiative



Hearing on Mental Health and School Success
(February 8, 2001)

Provided over by Ohio's First Lady Depe Todd and cosponsored by:
Ohio Department of Mental Health (ODMH)
Center for Learning Excellence
Ohio Department of Education (ODE)
Governor's Office

Publication of Mental Health and School
Success: Hearing Summary and Resource
Guide (Spring, 2001)

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Infrastructure for Ohio's Shared Agenda Initiative

Formation in 2001 of the Ohio Mental Health Network for School Success (OMHNSS)

Action Networks spearheaded by affiliate organizations in six regions of the State

Ohio Mental Health Network for School Success

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Ohio's Positive Behavior Support Initiative

Collaborative efforts of:

- ✓ Special Education Regional Resource Centers
- ✓ The Ohio Association of Elementary School Administrators
- ✓ The Ohio Association of Secondary School Administrators

There currently are over 700 building teams and 10,000 educational staff trained in Positive Behavior Supports

Ohio Mental Health Network for School Success

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Policymaker Partnership (PMP) at the National Association of State Directors of Special Education (NASDSE) and the National Association of State Mental Health Program Directors (NASMHPD)

Concept Paper:
Mental Health, Schools and Families Working Together for All Children and Youth:
Toward A Shared Agenda (2002)

Ohio Mental Health Network for School Success

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Purpose of the Concept Paper

“Encourage state and local family and youth organizations, mental health organizations, education entities and schools across the nation to enter new relationships to achieve positive social, emotional and educational outcomes for every child.”

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The Aim

The aim is to align systems and ensure the promise of a comprehensive, highly effective systemic collaboration to coordinate and integrate programs and services for children and youth and their families.

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The Framework

The framework encompasses a continuum of interventions, including:

1. Positive development of child, youth, families and communities and prevention of problems;
2. Early identification—interventions for children and youth at risk or shortly after the onset of problems; and
3. Intensive interventions—with a focus on integrated approaches.

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The concept paper is available online at:

www.nasdse.org/sharedagenda.pdf

www.ideapolicy.org/sharedagenda.pdf

www.nasmhpd.org/publications.cfm

Ohio Shared Agenda Network for School Success

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Shared Agenda Seed Grant Awards to:

Missouri, **Ohio**, Oregon,
South Carolina, Texas, and Vermont

With Ongoing Across-State Networking
Facilitated by PMP/NASDSE

Ohio Shared Agenda Network for School Success

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Additional Funding for Ohio's Shared
Agenda Initiative

Ohio Department of Mental Health
Ohio Department of Education
Ohio Department of Health
and
Numerous Additional State-level and Regional
Organizations

Ohio Shared Agenda Network for School Success

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Mission

To help Ohio's school districts, community-based agencies, and families work together to achieve improved educational and developmental outcomes for all children — especially those at emotional or behavioral risk and those with mental health problems.

Ohio Mental Health Network for School Success

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The Ohio Mental Health Network for School Success

Action Agenda

- ✓ Create awareness about the gap between children's mental health needs and "treatment" resources, and encourage improved and expanded services (including new anti-stigma campaign).
- ✓ Partner with regional action networks to enhance within-region implementation of the action agenda, actively soliciting student and family input. Also, contribute to statewide efforts (e.g., training institutes, workshops, research, etc.).
- ✓ Conduct surveys of mental health agencies, families, and school districts to better define the mental health needs of children and to gather information about promising practices.

The Ohio Mental Health Network for School Success

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The Ohio Mental Health Network for School Success

Action Agenda (continued)

- ✓ Provide training and technical assistance to mental health agencies and school districts, to support adoption of evidence-based and promising practices, including improvement and expansion of school-based mental health services.
- ✓ Develop a guide for education and mental health professionals and families, for the development of productive partnerships.

The Ohio Mental Health Network for School Success

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The Ohio Mental Health Network for School Success

Action Agenda (continued)

- ✓ Assist in identification of sources of financial support for school-based mental health initiatives.
- ✓ Assist university-based professional preparation programs in psychology, social work, public health, and education, in developing inter-professional strategies and practices for addressing the mental health needs of school-age children.

The Ohio Mental Health Network for School Success

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Ohio's Mental Health, Schools, and Families Shared Agenda Initiative

<http://www.amihs.mhsbfio.edu/ohshlp/sharedagenda.html>

Phase 1—Statewide forum for leaders of mental health, education, and family policymaking organizations and child-serving systems (March 3, 2003)

Phase 2—Six regional forums for policy implementers and consumer stakeholders (April-May, 2003)

Phase 3—Legislative forum involving key leadership of relevant house and senate committees (October 9, 2003)

Phase 4—Ongoing policy/funding advocacy and technical assistance to promote attention to the crucial links between mental health and school success

Ohio's Mental Health Network for School Success

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Strategies and Features of Phase 1 and 2 Shared Agenda Forums

- ✓ Approximately 725 participants
- ✓ Keynote presentations by national and state experts
- ✓ Presenting work in Ohio showcased
- ✓ Youth and parent testimony
- ✓ Cross-stakeholder panel discussions
- ✓ Facilitated discussion structured to create a collective vision, build a sense of mutual responsibility for reaching the vision, instill hope that systemic change is possible, and problem-solve regarding implementation issues

Ohio's Mental Health Network for School Success

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Following Phases 1 and 2

- ✓ Materials compiled and developed to inform the Fall, 2003 Shared Agenda Legislative Forum
- ✓ Through Legislative Forum raise public awareness and build advocacy for policy and fiscal support for better alignment for education and mental health in the next biennial budget process
- ✓ Website created to track and publicize Ohio's Shared Agenda initiative (<http://www.amihs.mhsbfio.edu/ohshlp/sharedagenda.html>)

Ohio's Mental Health Network for School Success

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Legislative Forum Preparation
October 9, 2003

✓ Development of format for forum, and selection of date

✓ Commitment of participation from ODMH and ODE leadership

✓ Identification and preparation of legislative co-chairs

✓ Invitation to additional legislative panelists

✓ Invitation to stakeholders throughout the state

Ohio Mental Health Network for School Systems

www.ohiohealthnetwork.org

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More Legislative Forum Preparation
October 9, 2003

✓ Promotional work

✓ Selection of students for written and oral testimony and identification of facilitator

✓ Selection of adults (parents, educators, and mental health providers) for written and oral testimony and identification of facilitator

✓ Development of written materials for the legislators

✓ Plan for pre-forum events with student and adult participants

Ohio Mental Health Network for School Systems

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LEGISLATIVE FORUM ON MENTAL HEALTH AND SCHOOL SYSTEMS

CREATING A SAFER BEHAVIOR

JULY 8, 2003

Ohio Department of Education

Ohio Department of Mental Health

Meeting Materials for the Legislative Forum

FACT SHEET

Background Information and Testimony

1. The purpose of this fact sheet is to provide information to legislators and staff regarding the current state of mental health services in Ohio's schools and the need for legislative action to improve these services.

2. The fact sheet is organized into two main sections: "Current State of Mental Health Services in Ohio's Schools" and "Legislative Action Needed to Improve Mental Health Services in Ohio's Schools."

3. The "Current State of Mental Health Services in Ohio's Schools" section provides an overview of the current state of mental health services in Ohio's schools, including information on the number of students with mental health needs, the types of services currently available, and the challenges facing schools in providing these services.

4. The "Legislative Action Needed to Improve Mental Health Services in Ohio's Schools" section provides a list of specific legislative actions that are needed to improve mental health services in Ohio's schools, including actions related to funding, personnel, and policy.

5. This fact sheet is intended to provide legislators and staff with the information they need to make informed decisions about legislative action to improve mental health services in Ohio's schools.

6. The fact sheet is organized into two main sections: "Current State of Mental Health Services in Ohio's Schools" and "Legislative Action Needed to Improve Mental Health Services in Ohio's Schools."

7. The "Current State of Mental Health Services in Ohio's Schools" section provides an overview of the current state of mental health services in Ohio's schools, including information on the number of students with mental health needs, the types of services currently available, and the challenges facing schools in providing these services.

8. The "Legislative Action Needed to Improve Mental Health Services in Ohio's Schools" section provides a list of specific legislative actions that are needed to improve mental health services in Ohio's schools, including actions related to funding, personnel, and policy.

9. This fact sheet is intended to provide legislators and staff with the information they need to make informed decisions about legislative action to improve mental health services in Ohio's schools.

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Comments from Legislators Following the Adult Testimony

From **Representative Joyce Beatty** (Member House Education Committee)
In a question/challenge to fellow legislative panelists:
"Is there legislation that we should be looking at?"

From **Representative Arlene Satter** (Chair, House Education Committee)
In response to Representative Beatty:
"During this whole process I was also taking notes... because, as you indicated there have been some specifics provided to us which we truly need many times when looking at legislation... in most of you know currently the House and the Senate are working on Senate Bill 2 which is for... teacher success and identifying highly-qualified teachers... I am going to guide that discussion around some of the things that I have heard today about the idea that teachers need to understand regardless of what their teaching assignment might be..."

Ohio's Shared Agenda Network for School Success
www.ohiosharedagenda.org

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Comments from Legislators Following the Student Testimony

From **Senator Bill Harris** (Chair, Senate Finance Committee)
"... I listened to the very brave and courageous young people tell us about things of their life. And as you were explaining that to us I am thinking about my sons, I am thinking about my grandchildren, I am thinking about other people that I know and some of the struggles that they have..."

From **Representative Joyce Beatty** (Member, House Education Committee)
"... All of the student panel members, I don't think I have ever heard anything so compelling and moving and informative and educating in my entire life. So let me say to you thank you and let me give it to you with that smile that can be comforting because you have helped us..."

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Phase 4 Steps for Ohio's Shared Agenda Initiative

1. ODMH and ODE jointly formed an ad hoc workgroup to address action steps related to the Shared Agenda Recommendations

- ✓ The workgroup met three times between November (2003) and March (2004)
- ✓ A final report with recommended goals and objectives will be released in late Spring 2004

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www.ohiosharedagenda.org

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Phase 4 Steps for Ohio's Shared Agenda Initiative

2. Ohio is one of eight states selected to participate in a SAMHSA-funded 3-year Elimination of Barriers Initiative (EBI) to identify effective approaches in addressing the stigma and discrimination associated with mental illness. Ohio is focusing on the **school age population**.

Contact strategies being considered include:

- ✓ Youth speaker panel/bureau
- ✓ School resource kit

Ohio Mental Health Network for School Success

www.ohiomentalhealthnetwork.org

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Phase 4 Steps for Ohio's Shared Agenda Initiative

3. Expansion of Ohio's Positive Behavior Support Initiative will continue.

4. Ongoing work of the Ohio Mental Health Network for School Success will continue through implementation of the action agenda and through special targeted efforts.

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Phase 4: An Immediate Legislative Outcome

Senate Bill 2

Section 3319.61(E)

(effective June 9, 2004)


"The standards for educator professional development developed under division (A) (3) of this section shall include standards that address the crucial link between academic achievement and mental health issues."

Ohio Mental Health Network for School Success

www.ohiomentalhealthnetwork.org

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**Enhancing Collaborations to Promote
a Mental Health—Schools—Families
Shared Agenda: Ohio's Experience**



**Listening to Family, Service Provider, and
Teacher Perspectives**

Ohio State Department of Education
www.ohio.gov

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Mental Health and School Success Websites

National:
National Association of State Directors of Special Education
(www.nasdspe.org)
Center for School Mental Health Assistance
(CSMHA, <http://csmha.unm.edu/sand.edu>)
Center for Mental Health in Schools
(<http://smhp.princeton.edu>)

Ohio:
Center for School-Based Mental Health Programs
(<http://www.units.muchio.edu/csbmhp>)
Center for Learning Excellence, Alternative Education and Mental Health Projects
(<http://ahededs.osa.edu/corhs.unl.edu>)
Ohio's Shared Agenda Initiative
(<http://www.units.muchio.edu/csbmhp/sharedagenda.html>)

Ohio State Department of Education
www.ohio.gov

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This PowerPoint Presentation is posted on Ohio's Shared
Agenda website

<http://www.units.muchio.edu/csbmhp/sharedagenda.html>

Ohio State Department of Education
www.ohio.gov

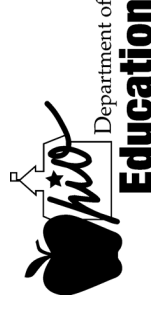


Ohio Department of
Mental Health

LEGISLATIVE FORUM ON MENTAL HEALTH AND SCHOOL SUCCESS

CREATING A SHARED AGENDA

OCT. 9, 2003



Department of
Education

MENTAL HEALTH IS CRUCIAL TO SCHOOL SUCCESS

FACT SHEET

SHARED OPPORTUNITIES AND CHALLENGES FOR EDUCATION AND MENTAL HEALTH

Federal and state requirements to educate all children put the spotlight on mental health issues, since behavioral problems are common, treatable and without good care often lead to academic failure.

Children whose mental health problems are not addressed often fail in school. Children and adolescents with emotional disturbance have the highest rates of school failure; 50 percent of these students drop out of high school, compared to 30 percent of all students with disabilities.

Children whose disruptive behavior problems are not adequately treated can negatively affect the academic environment for other children. When students disrupt lessons in class, learning and teaching are compromised.

62 percent of Ohio's students identified as having an emotional disturbance spend 60 percent or more of their school day in a regular education classroom — it is critical that the general education teachers are adequately prepared to address students' needs.

The document that monitors goals and objectives for students with special needs, the individualized educational program (IEP), often overlooks students' mental health needs.

A behavior plan can be developed by an educational team for any student, but such plans are rarely utilized.

The best predictor of adolescent well-being is a feeling of connection to school.

There is clear and compelling evidence linking mental health, family involvement and academic success, and indicating that emotional, social and behavioral health problems are significant barriers to learning. Schools addressing behavioral problems proactively have seen improved academic outcomes.

In recognition of the significance of emotional and behavioral barriers to academic learning, the Ohio Association of Elementary School Administrators and the Ohio Association of Secondary School Administrators have jointly endorsed Ohio's Positive Behavior Support initiative — a broad range of school-based strategies designed to improve social and academic outcomes for all students.

More than 75 percent of children and adolescents with mental health problems don't receive treatment.

One in five high school students in Ohio report seriously considering a suicide attempt in the past 12 months. Mental illnesses including depression greatly increase the risk of suicide.

Of Ohio's students with disabilities who are in correctional facilities, 41 percent are identified as having an emotional disability.

Emotional disability is the fastest-growing special education designation in Ohio — currently more than 17,000 students.

More than 1.8 million students attend 612 school districts in Ohio; more than 238,000 adults work in Ohio's schools. Combining students and staff, almost one-fifth of Ohio's population can be found in school — making schools the most universal, ideal setting for promoting the well-being of children and adolescents.

Although there are children with behavioral problems in nearly every classroom, a vast majority of teachers received no college instruction about classroom mental health issues.

Virtually all teachers believe that they should be involved in some way in helping students deal with their mental health problems.

A vast majority of teachers are interested in obtaining additional meaningful training about mental health issues.

Many effective strategies for youth violence prevention and school drop-out prevention in Ohio, such as the 21st Century program, Safe and Drug-Free Schools, and Positive Behavior Supports, depend on the central involvement of educators.

Slide 1

Two Important Goals:
Achievement and Wellbeing

- 1) Achievement promotes wellbeing
- 2) Wellbeing promotes achievement
- School philosophy often acknowledges 1 but fails to acknowledge 2

Slide 2

Schools Increasingly Focus on Reducing Academic Barriers to Learning

- Example: Reading First Initiative
 - Early intervention on emergent literacy to promote achievement of grade level competency by the third grade

Slide 3

But Schools Often Fail to Focus on Non-Academic Barriers to Learning

Slide 4

And Non-academic barriers to learning exert a powerful negative influence

■ Environmental	■ Personal
– Poor nutrition	– Attentional difficulties
– Family stress	– Behavioral problems
– Family conflict	– Depression
– Peer influences	– Anxiety
– Exposure to violence	– Social problems
– Abuse, Neglect	– Trauma reactions
– Poor school environment	

Slide 5

A Paradox

■ Pressures related to achieving satisfactory Annual Yearly Progress (AYP) have led many schools to increase focus on reducing academic barriers to learning AT THE EXPENSE of programs that focus on non-academic barriers to learning

Slide 6

School Effectiveness in Promoting Achievement

■ Least effective: Limited focus on academic and nonacademic barriers

■ More effective: Focus on academic barriers

■ Most effective: Integrated Focus on academic *and* nonacademic barriers

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Positive Behavior Interventions and Supports (PBIS)

- A school wide approach to promoting positive and reducing problem school behavior
- Evidence of strong effectiveness in improving school climate, reducing office referrals and suspensions for behavioral concerns, and freeing education and administrative staff to focus on academics
- Schools with PBIS may not focus on more serious emotional/behavioral barriers to learning (see www.pbis.org)

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Expanded School Mental Health (ESMH)

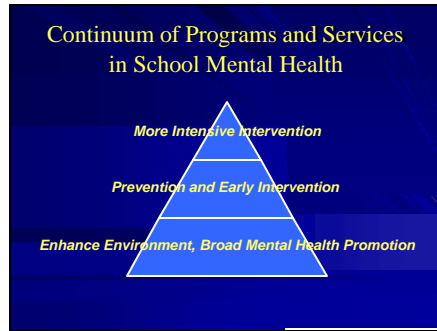
- ESMH programs join families, schools, mental health and other community systems
- To develop a full array of effective programs and services that improve the school environment, reduce barriers to learning, and provide prevention, early intervention and treatment
- for youth in general and special education

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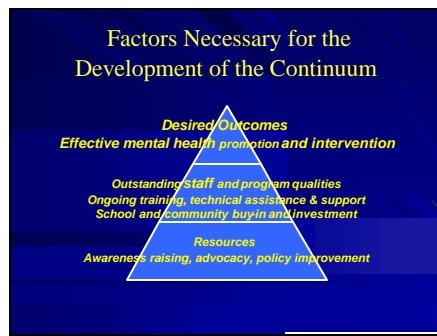
Outcomes of Effective ESMH

- Student:
 - Improved attendance, behavior and academic performance
- School:
 - Improved environment, reduced violence, reduced inappropriate special education referrals
- System:
 - Enhanced collaboration between child serving agencies, increased and more efficient use of resources

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The "Shared Agenda" Initiative

- Collaboration between families, other stakeholders, the National Association of State Directors of Special Education, National Association of State Mental Health Program Directors, and many other organizations
- Broadly disseminated concept paper (see www.nasdse.org/sharedagenda.pdf)
- Seed grants to states
- National and state training programs

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Shared Agenda Impacts

- Increasing buy-in among education systems of integrated approaches that address academic and non-academic barriers to learning
- Providing support for the growth, improvement and integration of school mental health approaches (e.g., PBIS, ESMH)
- Promoting state-level progress and national to state to local linkages
- Advancing collaborative approaches and the development of communities of practice

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Ohio Mental Health Network for School Success

- Regional action networks for mental health in schools
- Networks raise awareness, develop resources, offer TA, do training within and across sites
- Annual publication on progress
- Genuine cost sharing across major systems
- Strong partnerships with universities and development of centers of excellence

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Centers for Mental Health in Schools

- Supported by the Maternal and Child Health Bureau, Health Resources and Services Administration with co-funding from the Center for Mental Health Services, Substance Abuse and Mental Health Services Administration
- University of Maryland Center for School Mental Health Assistance; <http://csmha.umaryland.edu>, 410-606-0980
- UCLA Center for Mental Health in Schools; <http://smhp.psych.ucla.edu>, 310-825-3634

MENTAL HEALTH, SCHOOLS AND FAMILIES WORKING TOGETHER FOR ALL CHILDREN AND YOUTH: *TOWARD A SHARED AGENDA*

A Concept Paper

*The National Association of State Mental Health Program Directors
and The Policymaker Partnership for Implementing IDEA at
The National Association of State Directors of Special Education*

MENTAL HEALTH, SCHOOLS AND FAMILIES WORKING TOGETHER FOR ALL CHILDREN AND YOUTH VI

HOW THE CONCEPT PAPER WAS DEVELOPED

In late summer 2000, discussions began between the Policymaker Partnership at the National Association of State Directors of Special Education (PMP/NASDSE) and the National Association of State Mental Health Program Directors (NASMHPD) on how the two entities could collaborate to promote closer working relations between state mental health and education agencies, schools and family organizations on behalf of children. In late 2000, the sponsoring associations hired a consultant to oversee a joint project. NASMHPD and PMP/NASDSE decided that the first step in this project would be to develop a Concept Paper for policymakers at the state and local levels to lay the groundwork for building partnerships to address the social-emotional and mental health needs of all children.

A work group was formed of over thirty (30) experts from mental health, education and family support and advocacy groups to advise in the development of the Concept Paper. Over the months, that group expanded to over forty (40) members. Work group members participated in monthly conference calls and held two face-to-face meetings from January through July to provide guidance and advice. They reviewed various drafts of the document.

In October 2001, the Concept Paper was submitted to NASMHPD and PMP/NASDSE for endorsement and dissemination. Activities following the dissemination of the Concept Paper will include presentations of the findings and recommendations of the paper at national conferences and other venues before a wide variety of audiences who have an interest in this work. Other activities may include identifying and publicizing states or localities already practicing the values, beliefs and strategies promoted in the Concept Paper, bringing focus and support to this issue at state and national policy academies, legislative conferences and other policy meetings and providing or brokering technical assistance to states and communities interested in developing a shared agenda on behalf of all children and youth in public settings and their families.

MENTAL HEALTH, SCHOOLS AND FAMILIES WORKING TOGETHER FOR ALL CHILDREN AND YOUTH: *TOWARD A SHARED AGENDA*

Executive Summary

The challenges of the 21st century demand collaboration across groups to assure both

achievement and well being for America's children and youth. Public mental health and education agencies, schools and family organizations must work together to meet the positive social, emotional and educational needs of every child. Schools urgently need a broad range of mental health programs and services, including strategies for building a supportive school environment, strategies for early intervention, strategies for intensive intervention and a framework for trauma response. These needs have been evident and are well documented in a series of national reports. The critical natures of these efforts are underscored by the events of September 11, 2001.

This paper encourages and offers recommendations to policymakers for systemic collaboration. The emphasis is on developing a shared agenda for children's mental health in schools. The aim is to create and sustain comprehensive, multifaceted approaches to social and emotional development, problem prevention, and appropriate interventions for mental health concerns. The goal is to support both well being and achievement in America's children and youth.

This document describes key characteristics of state mental health and education agencies and family organizations and highlights the rationale for partnerships for a shared agenda to accomplish agreed upon outcomes. Each potential partner brings to the enterprise both assets to build upon and challenges to overcome.

As a foundation for developing a shared agenda, a conceptual framework for meeting the social-emotional and mental health needs of all children is outlined. The framework encompasses a continuum of interventions, including the following:

- _ Positive development of children (including infants, toddlers, and preschoolers), youth, families, communities, and prevention of problems;
- _ Early identification — interventions for children (including infants, toddlers, and preschoolers) and youth at risk or shortly after the onset of problems; and
- _ Intensive interventions.

TOWARD A SHARED AGENDA ix

This conceptual framework will provide the basis for clearly articulated policies and should drive the development and implementation of a shared agenda that yields a continuum of systematic interventions. By providing a full continuum of efforts, students will receive the kind of support to build their academic and interpersonal resources. By delivering appropriate interventions earlier, fewer children may ultimately need complex, intensive and expensive interventions. This paper includes strategic recommendations for action that incorporate phases of systemic change. These recommendations emphasize readiness for change and durable partnerships. This document encourages the following next steps:

1. NASMHPD and NASDSE should work through the Policymaker Partnership and the IDEA Partnerships to lead a pilot effort that affiliates states committed to a shared education/mental health agenda.
2. NASMHPD and NASDSE should establish and maintain a cross sector national advisory body that includes researchers, practitioners, technical assistance providers and family members.
3. NASMHPD and NASDSE should convene teams from interested states to learn from each other and collectively pursue promising practices including:
 - Ways in which the states may identify blended and braided resources;
 - “Change agent” mindset throughout the cross-sector teams;
 - “Bridge building” strategies that link the state agencies with local agencies;
 - Strategies for creating durable partnerships, including alignment of missions, policies and practices across agencies, shared accountability, resource mapping, redeployment of existing resources, and action planning;
 - Methods to facilitate communication, coordination, problem solving, and sharing of lessons learned;
 - Personnel preparation systems that ensure that all personnel are well trained for their roles;
 - Capacity building efforts, including cross-training, that have potential to move the shared agenda beyond demonstration sites and develop efforts at scale across the states; and
 - Strategies that promote leadership across systems at all levels.

4. NASMHPD and NASDSE should engage key researchers, technical assistance providers, and family organizations in making and sustaining change.

Achieving the promises of this shared agenda requires true commitment. Partners must believe that the payoff in better outcomes for children, youth and their families is worth the investment of time, energy and money.

A number of highly successful state and community initiatives demonstrate that such investments are indeed worthwhile. Given the promise of enhanced partnerships, it is time to align policy and practice across agencies and move forward with a shared agenda.

For more information contact:

National Association of State Mental

Health Program Directors

66 Canal Center Plaza, Suite 302

Alexandria, VA 22314

Tel: 703.739.9333

Fax: 703.548.9517

National Association of

State Directors of Special Education, Inc.

1800 Diagonal Road, Suite 320

Alexandria, VA 22314

Tel: 703.519.3800

Fax: 703.519.3808

TDD: 703.519.7008

Additional copies are available from NASDSE at 703.519.3800x312

This document is available online at:

www.nasdse.org/sharedagenda.pdf

www.ideapolicy.org/sharedagenda.pdf

www.nasmhpd.org